

EMPLOYMENT APPLICATION  
CITY OF GREENVILLE

Human Resources Department  
Post Office Box 7207  
201 Martin Luther King, Jr. Drive  
Greenville, NC 27835-7207



Phone: 252-329-4492  
Fax: 252-329-4313

**All information requested must be provided, and will be held confidential to the extent allowed by law. Incomplete applications cannot be considered. Thank you.**

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Physical Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
No. Street City State Zip

Mailing Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
No. Street City State Zip

Are you age 18 or older? Yes ☐ No ☐ If no, give date of birth: \_\_\_\_\_

Is there any information we would need about your name or use of another name to enable us to check your work record or criminal conviction record? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position applied for: \_\_\_\_\_

Are you available for: Full time ☐ Part time ☐  
If part-time, specific days and hours: \_\_\_\_\_

Were you previously employed by us? Yes ☐ No ☐ If yes, when? \_\_\_\_\_

Do you have any relatives working for us? Yes ☐ No ☐  
If yes, please list names: \_\_\_\_\_

If your application is considered favorably, on what date would you be available for work? \_\_\_\_\_

Are you able to perform the essential tasks of the job applied for? Yes ☐ No ☐

If not, what job functions would be affected? \_\_\_\_\_

Do you need any accommodations to perform the job applied for? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

**MILITARY INFORMATION**

Were you in the U. S. Armed Forces? Yes ☐ No ☐ If yes, what branch? \_\_\_\_\_

Dates of duty: From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

List duties in the service including special training: \_\_\_\_\_

REFERENCES

Give the names of four responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

	NAME	ADDRESS	TELEPHONE
1.			
2.			
3.			
4.			

EDUCATIONAL HISTORY

Last high school attended: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
Address: \_\_\_\_\_

Circle/check highest school year completed:    1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

Did you either graduated from high school or pass the High School Equivalency Test?    Yes ☐                      No ☐

Education beyond High School	Name and Address	Attended		Years Completed	Major Course of Study	Did you Graduate?	Degree or Diploma & Yr Received
		From Mo/Yr	To Mo/Yr				
College or University							
Graduate or Professional							
Other (Specify)							

ADDITIONAL INFORMATION

If applicable, have you complied with the U.S. Selective Service (draft) registration requirements? Please check one and initial.

Yes ☐    No ☐                      Initials: \_\_\_\_\_

Have you pled guilty, nolo contendere (no contest) or been convicted of a felony in the last seven years? Yes ☐ No ☐

If yes, describe in full. (Conviction will not necessarily disqualify an applicant from employment.)

\_\_\_\_\_

Are you now under charges for any offense against the law?    Yes ☐                      No ☐

If yes, describe in full: \_\_\_\_\_

If hired, will you be able to provide evidence that you are legally permitted to work in the U.S.?    Yes ☐                      No ☐

CHECK KINDS OF WORK IN WHICH YOU HAVE HAD EXPERIENCE:

Accounting	<input type="checkbox"/>	Collections	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Switchboard	<input type="checkbox"/>
Bookkeeping	<input type="checkbox"/>	Data Processing	<input type="checkbox"/>	Print Shop	<input type="checkbox"/>	Typing	<input type="checkbox"/>
Cashier	<input type="checkbox"/>	Filing	<input type="checkbox"/>	Stenographic	<input type="checkbox"/>	Word Processing	<input type="checkbox"/>

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the City?

Check the types of vehicles you are qualified, through experience, to operate:  
Passenger car ☐ Light truck ☐ Heavy truck or tractor ☐ Other: \_\_\_\_\_

Drivers license no: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

How many convictions for moving violations within past 3 years? \_\_\_\_\_

License ever suspended or revoked? Yes ☐ No ☐

EMPLOYMENT HISTORY

List below all present and past employment, beginning with your most recent. Include military service in proper time sequence and temporary or part-time jobs.

Title of present/last position:	_____	Starting Salary:	_____	Last Salary:	_____
Name of employer:	_____	Address:	_____		
Name/title of supervisor:	_____	Business telephone:	_____		

Date employed:		Duties:	_____
Date separated:			_____
Full-time <input type="checkbox"/>	Yrs/Mos		_____
Part-time <input type="checkbox"/>	Yrs/Mos		_____
If part-time, list number of hours worked per week:		Reason for leaving:	_____

Title of present/last position:	_____	Starting Salary:	_____	Last Salary:	_____
Name of employer:	_____	Address:	_____		
Name/title of supervisor:	_____	Business telephone:	_____		

Date employed:		Duties:	_____
Date separated:			_____
Full-time <input type="checkbox"/>	Yrs/Mos		_____
Part-time <input type="checkbox"/>	Yrs/Mos		_____
If part-time, list number of hours worked per week:		Reason for leaving:	_____

EMPLOYMENT HISTORY (continued)

Title of present/last position: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Name/title of supervisor: \_\_\_\_\_ Business telephone: \_\_\_\_\_

Date employed:	
Date separated:	
Full-time <input type="checkbox"/>	Yrs/Mos
Part-time <input type="checkbox"/>	Yrs/Mos
If part-time, list number of hours worked per week:	

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Title of present/last position: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Name/title of supervisor: \_\_\_\_\_ Business telephone: \_\_\_\_\_

Date employed:	
Date separated:	
Full-time <input type="checkbox"/>	Yrs/Mos
Part-time <input type="checkbox"/>	Yrs/Mos
If part-time, list number of hours worked per week:	

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Title of present/last position: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_

Name/title of supervisor: \_\_\_\_\_ Business telephone: \_\_\_\_\_

Date employed:	
Date separated:	
Full-time <input type="checkbox"/>	Yrs/Mos
Part-time <input type="checkbox"/>	Yrs/Mos
If part-time, list number of hours worked per week:	

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

I hereby certify that all statements on this application are true and correct to the best of my knowledge, and I agree to permit the investigation of each statement made by me hereon unless otherwise indicated. I understand that my employment is contingent upon passing a physical examination including a substance abuse screening. Employment is also subject to an initial probationary period and verification that age and citizenship/visa status meet legal requirements. Pitt County residency may be required for certain positions for continued employment (i.e. management team, designated emergency response personnel and others designated by the City Manager). I further understand that any misstatement on this application shall be cause for discharge.

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Greenville, whether the said records are of a public, private, or confidential nature. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this statement will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Full signature (including maiden name) \_\_\_\_\_ Date \_\_\_\_\_

The City of Greenville is an equal opportunity/affirmative action employer (M/F/H)

# CITY OF GREENVILLE

## APPLICANT DATA CARD

Government agencies require periodic reports on the sex, race, handicapped, age and veteran status of applicants. This data is for analysis and affirmative action purposes ONLY. To comply with government regulations and affirmative action, the following information is being requested. This information will be kept in a confidential file separate from the City employment application.

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Check one: Male ☐ Female ☐

Race: (check only one) White ☐ Black ☐ Hispanic ☐ Amer Indian/  
Alaskan Native ☐ Asian/Pacific  
Islander ☐

Check if applicable: Vietnam era  
veteran ☐ Disabled veteran ☐ Handicapped ☐

Referral source: Advertisement ☐ Job Service ☐ Friend ☐ Relative ☐ City Employee  
☐  
Private Employment Agency ☐ Other ☐